Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90107 002 ***750.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011970

1. Corporation Name

WESTCAP INVESTMENTS COMPANY

Principal Flace of Business Mailing Address 200 \$ BISCAYNE BLVD 200 \$ BISCAYNE STE 4550 STE 4550 DO NOT WRITE IN THIS SPACE										
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Trust trunc Contribution		to					6 Floring Compaign Financing	\$5.00) view Bo	
2p 2s 2s 2s 2s 2s 2s 2s		ile.	} 					-	- 1	
8. Name and Address of Current Registered Agent STULA, GORDON P 8/8 BARKELL KEY OR STE 510 MIAMI FL 33131 1. Pursuant to the provisions of 5/csions 607.050; and 607.1508, Florida Statutes. SIGNATUFE SIGNATUFE PSD STULA, GREGORY C STULA, GORDON P STULA, G	·	Country		Col	intry					
9. Name and Address of Current Registered Agent STULA, GORDON P 818 BARKELL KEY DR STE 510 MIAMI FL 33131 1. Pursuant to the provisions of Sections 607.0507, and 607.1508, Florida State ions. The above-hamed originations usbanish this statement for the purpose of chandring its ingistered agent. Jam familiar with, and accept the obligations of, Section 607.0507, and 607.1508, Florida State ions. The above-hamed originations ubbnits this statement for the purpose of chandring its ingistered office in registered agent. Jam familiar with, and accept the obligations of, Section 607.0505, Florida State ions. The above-hamed originations ubbnits this statement for the purpose of chandring its ingistered office in registered agent. Jam familiar with, and accept the obligation on of, Section 607.0505, Florida State ions. The above-hamed originations upon the corporation's board of sirectors. I hereby accept the apprioritment as registered agent. Jam familiar with, and accept the obligation on of, Section 607.0505, Florida State ions. The above-hamed originations upon the corporation's board of sirectors. I hereby accept the apprioritment as registered agent. Jam familiar with, and accept the obligation on of, Section 607.0505, Florida State ions. The above-hamed origination are registered agent. Jam familiar with, and accept the obligation on of, Section 607.0505, Florida State ions. The above-hamed origination are registered agent. Jam familiar with, and accept the obligation on of, Section 607.0505, Florida State ions. The above-hamed origination are registered agent. Jam familiar with and accept the obligation on of, Section 607.0505, Florida State ions. The above-hamed origination are registered agent. Jam familiar with and accept the obligation on of, Section 607.0505, Florida State ions. The acceptance of the appropriation and accept the obligation on of, Section 607.0505, Florida State ions. The acceptance of the appropriation of the obligation on of, Section 607.0505, Florida State ions. The acceptance of the	_		<u> </u>		,		·		□No	
STULA, GORDON P 818 BARKELL KEY DR STE 510 MIAMI FL 33131 82 Street Aldress (P.O. Box: Number is Not Acceptable) 82 Street Aldress (P.O. Box: Number is Not Acceptable) 83 84 City F	24	[==[ered Agent		
818 BARKELL KEY OR STE 510 MIAMI FL 33131 11. Pursuit the provisions of Sections 807.050; and 807.1508, Florida Stati tes, the above -mamed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was suthorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 807.0505, Florida Stati tes, the above -mamed corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 807.0505, Florida Statitus. SIGNATUFE Signature, types or prefer for "or "registered agent and les if appealable." (NOTE Registered Agent agenture registered agent ag		5. Name and Address of Cdi	Ten. Registered Agent		81	Name				
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STE 510 MIAMI FL 33131 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statit tos, the above-named comporation submits this statement for the purpose of changing its egistered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of-linectors. Thereby accept the approximent as registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of-linectors. Thereby accept the approximent as registered agent agent and stee in importance was suthorized by the corporation's board of-linectors. Thereby accept the approximent as registered agent a					82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
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11. Pursuint to the provisions of Sictions 607.050; and 607.1508, Florida Stati, les, the above-named curporation submits this statement for the purpose of changing its registered agent, and accept the obligation of Section 607.050; Florida Statutes. SIGNATUFE Signature, Spead of printed rise for Registered agent, and accept the obligation of Section 607.050; Florida Statutes. SIGNATUFE Signature, Spead of printed rise for Registered agent and title # applicable. (NOTE Registered Agent agent and registered agent agent are registered agent ag	IVIIA	WII 1 E 00101			84	City		85 Zip	Code	
office or registered agent, or both, in the State of Florida, Such change was sulforized by the corporations board of irrectors, inserely accept the approximent as registered agent, and accept the obligation of, Section 607.0505, Florida Statutes. SIGNATUFE				<u> </u>	<u> </u>				te opistered	
TITLE	-		<u> </u>							
STULA, GREGORY C	12.	OFFICERS					ADDITIONS/CHANGES TO OFFICER			
STREET ADDRESS STRE	TITLE	PSD	□ DEL	ETE 117	TLE	-		Change	Addition	
CITY-ST-ZP	NAME	STULA, GREGORY C		1.2 N	AME				i	
TITLE	STREET ADDRESS	416 GARLENDA AVE		1.3 S	TREE	TADDRESS				
STULA, GORDON P	CITY-ST-ZIP	CORAL GABLES FL 33134			TY-S	T-ZIP				
STREET ADDRESS SAB BARKELL KEY DR STE 510	TITLE	VPTD	□ DEL	ETE 217	TLE	Ì) Change		
CITY-ST-ZIP	NAME	STULA, GORDON P		2.2 N	AME	İ				
TITLE	STREET ADDRESS	888 BARKELL KEY DR STE	510	2.3 S	TREE1	TADDRESS				
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NAME 6.2 NAME			□ DEL	ETE 61T	TLE			Change	Addition	
CACTECT ADDRESS		1								
				6.2 N	AME					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 3)(i). Florida Statutes. I further cartify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attach nent with an address, with a lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR